



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL NORTH

City of Hospital: Indianapolis

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-0169

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$811304439
Outpatient Patient Service Revenue	\$584280920
Total Gross Patient Service Revenue	\$1395585359

2. Deductions From Revenue

Contractual Allowance	\$925282273
Other Deductions	\$2113127
Total Deductions	\$927395400

3. Total Operating Revenue

Net Patient Service Revenue	\$468189959
Other Operating Revenue	\$2691086
Total Operating Revenue	\$470881045

4. Operating Expenses

Salaries and Wages	\$93481075	Employee Benefits	\$22624484
Depreciation and Amortization	\$13024954	Interest Expense	\$8012618
Bad Debt	\$29457626	Other Expenses	\$186741238
Total Operating Expenses	\$353341995		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$117539050	Total Assets	\$1035777175
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$5098926

Total Net Gains	\$117539050
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$516649297	\$416784379	\$99864918
Medicaid	\$271262162	\$215594376	\$55667786
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$607673900	\$295016645	\$312657255
Total	\$1395585359	\$927395400	\$468189959

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$2113127
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$456408	
HCI Payments	\$0		
Subtotal	\$0	\$456408	\$-456408
Medicaid Shortfalls	\$54060160	\$79313627	
Subtotal	\$54060160	\$79770035	\$-25709875
DSH Payments	\$0		
Subtotal	\$54060160	\$79770035	\$-25709875
Medicare Shortfalls	\$96780956	\$111596248	
Other Government Programs	\$0	\$0	
Total	\$150841116	\$191366283	\$-40525167

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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